



Springfield Police Department
Internship Application
230 Fourth St. Springfield OR 97477



Name
(PRINT) Last First Middle

Address City State

Cell Phone: Home Work

Driver's License Number State

Email Address Date of Birth Age

School Anticipated Graduation Date

Employer Phone Contact

Term of Internship: Choose an item.

Have you ever been arrested or charged with ANY crime? Choose an item.

If Yes, Please Explain:

Emergency contact: Phone

Have you applied previously for an Internship? Choose an item. If Yes - When?

Field of Study:

Activities/Hobbies:

Why do you want to participate and what are your expectations in an Internship Program with the Springfield Police Department?

What are your Career Aspirations now and in 5 years/10 years?

References

Name/Email Address/Phone:

Name/Email Address/Phone:

Name/Email Address/Phone:

Name/Email Address/Phone:

AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION

As an applicant to participate in the Springfield Police Department Internship Program, I hereby authorize the Springfield Police Department to conduct a criminal history background investigation as well as reference check. I understand friends, family, school and acquaintances may be contacted. I understand that all available police and criminal records will be checked and that information will be used in determining eligibility of applicants for the Internship Program. All information is to remain confidential as required by Oregon and Federal Statutes. All information listed above is accurate and valid.

Signature

Date

Send or deliver completed application to the Springfield Justice Center Records Division for Routing to K. Akins



City of Springfield
225 Fifth Street
Springfield, Oregon 97477
Ph: (541)726-4652 Fax: (541)726-4614
An Affirmative Action/Equal Opportunity Employer

Application
[Click for choice](#)

Please Print

Name
Last First Full Middle

Address
City State Zip

Mailing Address (if different)
City State Zip

Preferred Phone / Type Secondary Phone / Type

DOB Driver's License # State E-Mail

Have you ever been convicted of a criminal act? ☐ Yes ☐ No

Have you ever been employed by the City of Springfield employee? ☐ Yes ☐ No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield.

Days/times you are available to volunteer: ☐ Mon ☐ Tue ☐ Wed

☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Special Events

How many hours are you able to commit to volunteering each week? [Click for Choices](#)

How long can you commit to volunteering? [Click for Choices](#)

Do you want to volunteer in additional areas in the future? ☐ Yes ☐ No

May we contact you regarding other opportunities? ☐ Yes ☐ No

INTERNSHIP COOPERATIVE WORK EXPERIENCE

Are you applying to earn high school or college credit through volunteering? ☐ Yes ☐ No

• Name of school and program:

• How many hours per week are required? Total hours are required?

What term would you prefer your internship to be: [Choose an item.](#)

SCHOOL HISTORY

Do you have a high school diploma or equivalency? ☐ Yes ☐ No

School :

List all schools attended and their location

Credits Completed

Type of degree earned

Course of study

VOLUNTEER OPPORTUNITIES

If you have any special skills/talents to offer, please mark the box in front of each relevant area below.

☐ Desktop Publishing

☐ Landscaping

☐ Research

☐ Citizen Patrol

☐ Event Planning

☐ Photography

☐ Fire and Life Safety

☐ Library

☐ Filing

☐ Proofreading/Editing

☐ Vehicle Maintenance/Fleet

☐ Phone Calling

☐ Customer Service/Reception

☐ Fundraising

☐ Public Relations/Publicity

☐ Writing (newsletter articles)

☐ Data Entry/Typing

☐ Grant writing

☐ Recruiting

☐ Other

Typing speed ____ WPM. Can you operate a computer? ☐ Yes ☐ No which software programs can you operate proficiently?

☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel ☐ Microsoft PowerPoint ☐ Microsoft Publisher

Other software programs you can operate:

What position/Department are you applying to work within?

Do you speak, read or write a language other than English fluently? ☐ Yes ☐ No

If yes, which language(s) do you speak

Read

Write

How did you learn about the Volunteer Program? Choose an item.

VOLUNTEER EXPERIENCE

Do you have any current or former volunteer experience (including community volunteering, internships, cooperative work experience, practicums or any other unpaid work experience)? ☐ Yes ☐ No If yes, please provide details below.

Agency:

Duties:

Agency:

Duties:

EMPLOYMENT HISTORY

Are you retired? ☐ Yes ☐ No If yes, occupation you retired from: _____

Are you currently employed? ☐ Yes ☐ No Are you seeking employment? ☐ Yes ☐ No If yes, ☐ part-time ☐ full-time

Please document your most recent employment below. Attaching a résumé to your completed application is encouraged but not required.

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: [Click here to enter a date.](#) To: [Click here to enter a date.](#)

Duties:

Reason for leaving:

☐ Currently employed/have not left employment

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: [Click arrow to enter a date.](#) To: [Click arrow to enter a date.](#)

Duties:

Reason for leaving:

☐ Currently employed/have not left

Any additional information / comments you would like to provide:

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph. I understand I am covered by Workers' Compensation or an excess medical policy while volunteering in an authorized capacity.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Signature:

Date: June 1, 2015

(If under 18, Parent or Guardian Signature Required)

Last updated 09/25/2014



City of Springfield
225 Fifth Street
Springfield, Oregon 97477
Ph: (541)726-4652 Fax: (541)726-4614
An Affirmative Action/Equal Opportunity Employer

Employee: # _____
Position # _____
Application
Click for choice

To be completed by **CANDIDATE** – All information is **REQUIRED**

Full Legal Name _____

Last

First

Full Middle

Physical Address _____

City

State

Zip

Preferred Phone / Type _____ Secondary Phone / Type _____

DOB _____ Driver's License # _____ State _____ E-Mail _____

Type of Work _____

Department(s) of Interest

☐ City Manager's Office ☐ Courts ☐ Development & PW ☐ Finance ☐ Fire & Lift
Safety ☐ Human Resources ☐ Information Technology ☐ Library ☐ Police

Other Language(s) Spoken: Willing to Translate: ☐ Yes ☐ No ☐ High ☐ Medium
☐ Low

Language 1: _____ Speak? ☐ Read? ☐ Write? ☐

Emergency Contacts—Place list in order of preference

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

Name/Relationship

Primary Ph# ☐ Cell ☐ Home ☐ Other

Alternate Ph#

City, State

☐ By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature: _____

Date: **June 1, 2015**

To be completed by **FACILITATOR**

Assignment
&
Department: _____

Facilitator Name: _____ Start & End Dates: _____

Ph Ext.: _____

Staff Approving Time Card: _____

Picture: ☐ Taken & Emailed
☐ Needed

Requested Access: ☐ Computer*
☐ Time Card
☐ Email
☐ Name Change ☐ Notify IT
☐ New Badge

☐ Other: _____

Dept Drive Access/Name: _____

*** When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.**

On Line Learning Center System Access Requested ☐

Notes: _____

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
- Facilitator must contact Human Resources at the end of service to update personnel records.
- Facilitator is also responsible for the return of ID Badges to HR.

Route completed form to Volunteer Coordinator c/o Human Resources KarLynn Akins at 4652.



Springfield Police Department Internship



**PERSONAL APPLICATION FOR
RECORDS CHECK/BACKGROUND PACKET**
***This packet is for an unpaid internship at the
Springfield Justice Center only.
Not regular employment.***

NAME:
Last First Middle (full name – not initial)

OTHER NAMES USED:

INTERNSHIP BACKGROUND QUESTIONNAIRE

The information you provide on this Internship background questionnaire will be used to assist in determining your eligibility for an internship at the Springfield Justice Center. This background is similar to the background packet used for employment at the Springfield Police Department. Please fill out the questionnaire completely and accurately. Keep in mind that all statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from further consideration.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the Internship.

You need not list a conviction when the record of such an incident has been sealed or expunged in accordance with ORS 137.225 and/or ORS 419.800-840.

Please print your responses to this questionnaire. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer.

1. Have you ever been convicted of a crime or are you presently under indictment or awaiting trial on a crime? Yes ☐ No ☐. If yes, when, where, and a brief explanation.

2. Have you ever tried, used or experimented with any illegal or controlled drugs?
Yes ☐ No ☐. If yes, specify drug(s) used, the number of times you tried or used the drug(s), the dates you used the drug(s) (including the last time) and whether you have been disciplined or discharged by an employer to the military for the use of alcohol or drugs.

3. Were you ever terminated from a job? Yes ☐ No ☐. If yes, when, where, and a brief explanation.

4. Have you ever resigned from a job to avoid being terminated? Yes ☐ No ☐.
Have you ever resigned under pressure or unfavorable circumstances? Yes ☐ No ☐. If yes to either question; when, where, and a brief explanation.

5. Have you ever been suspended or disciplined (other than an oral or written reprimand)?
Yes ☐ No ☐. If yes, when, where and a brief explanation.

6. If you were in the military, what type of discharge did you receive? Did you receive any disciplinary actions in the military? Yes ☐ No ☐. If yes, please explain.

7. Has your driver's license ever been suspended or revoked? Yes ☐ No ☐. If yes, when, where and a brief explanation.

8. Are you waiting trial/disposition on any traffic enforcement matter?
Yes ☐ No ☐. If yes, when, where and brief explanation

9. Describe your driving record for the past five (5) years (e.g. accidents, citations). Please give details including date(s) and type(s) or infraction(s) or circumstances of the accident(s).

10. Have you ever had bills turned over for collection? Yes ☐ No ☐. If yes, provide a brief explanation.

11. Have any goods you have purchased been repossessed? Yes ☐ No ☐. If yes, provide a brief explanation.

12. Have you ever been delinquent on income or tax payments?
Yes ☐ No ☐. If yes, provide a brief explanation.

13. What is your GPA? What is your area of Study?

References – Include Name, Email Address, Phone and the relationship to you. Include at least one professor and one work reference. Four references requested

The information on this form is true and accurate to the best of my knowledge. I acknowledge that any falsehoods or misrepresentations of facts will be grounds for disqualification from consideration and/or Internship.

Signature

Date